

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORKKashon Squice

Plaintiff,

[Insert full name of plaintiff/prisoner]

-against-

Suffolk CountyLinda hopeShaguaisur Brooks1st present6th presentCps Erica Daffney

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I.]

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ SEP 30 2020 ★

LONG ISLAND OFFICE

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

CV-20 4659

JURY DEMAND

YES NO **SEYBERT, J.****TISCIONE, M.J.****RECEIVED**

SEP 30 2020

EDNY PRO SE OFFICE

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff _____

If you are incarcerated, provide the name of the facility and address:

110 Center drive River head NyPrisoner ID Number: 640783

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Full Name

Job Title

Address

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

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Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary)

Where did the events giving rise to your claim(s) occur? _____

When did the events happen? (include approximate time and date) _____

Facts: (what happened?) I Was Sived Custody of My kids From greensbro NC CPS
I Came back to NY with My
Kids and was living in a
Family Shelter With My kids
and My Self. Shaquaisur Brooks
Wich is my kids Mother was having
a - fear and asked to work it
out With Me. and I Said yes
We Where at a Shelter together
and a lady Named Linda hope
had started a fight with us
and I Was locked up due to the
fact that I Was the only man.
I then was Not able to go
back to the Shelter there was
a CPS case that I didn't No
What Was going on. Basicly My kids are
KidNaped. As well I Was under Age at the time
II.A. Injuries. If you are claiming injuries as a result of the events you are complaining of Relationship
about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I ended up geting my face
cot.

III. Relief: State what relief you are seeking if you prevail on your complaint.

Custody of my kids
10,000 suffering

I declare under penalty of perjury that on _____, I delivered this
(date)
complaint to prison authorities at _____ to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____

Kashon Igulu
Signature of Plaintiff

Name of Prison Facility or Address if not incarcerated

Address

Prisoner ID#

SUFFOLK COUNTY CORRECTIONAL FACILITY
110 CENTER DRIVE
RIVERHEAD, NY 11901

NAME: Kashan Squire

MID-ISLAND NY 117

19 SEP 2020 PM 3 FOREVER

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400 Calton Avenue
CenterIslip, New York
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Suffolk County District Court
Attn: Criminal/Traffic Dept.
400 Carleton Avenue
P.O. Box 9073
Central Islip, New York 11722-9073



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